

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10752189**

FILING DATE **1-7-04**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		0						
2	1						52		4						
3	1						53		2						
4	1						54		2						
5	1						55		0						
6	1						56		6						
7	1						57		6						
8	1						58		6						
9							59		6						
10							60		14						
11							61		14						
12							62		14						
13							63		14						
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34	1						84								
35	1						85								
36	1						86								
37	1						87								
38	1						88								
39	1						89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	14						TOTAL IND.								
TOTAL DEP.	228						TOTAL DEP.	90							
TOTAL CLAIMS	238						TOTAL CLAIMS	90							